

(08/11/13) wef

ASS. REC. BY: Rasm

REF:

369k

## ASSIGNMENT

COE X-0124-2022/009

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHB 388Bat Workshop m/s STRIDESof 60,000,000 / 1st PK BYInsured: ALL

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

REPAIR LIMIT - 600

Veh No:

SHB 388B

Yr Regn:

2014 / 001Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make:

TOYOTA PRIUS TAXI (SMR) c.c 1798

Colour

MAROON

A/C: Insured / Std / NI / NA

Sp. Reading

559532

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JDKN36U605752469Gen. Cond: Good (Fair) / Poor / BurntSteering: (Order) / Jammed / Leaked / Burnt orBrake: (Order) / Jammed / Leaked / Burnt orModi: Nil / (Rim) / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

17/01/22

D.O.I.

18/01/22

Survey held at

STRIDES

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

o/s RCR

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

) : S + RS, SI

☐

: Interview (\$

) : Photos

☐

: Tech. Invs (\$

) : Others

☐

: Weekend (\$

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) )

## Case Details

Case Reference Number : TAX/01/22/2029  
Type of Repair : Accident Repair  
Vehicle Registration Number : SHB388B

Company Type : Strides Taxi Pte Ltd  
Estimation ID : EST-17246-ID  
Assigned By : Taxi Claims Manager Team

Insurance Company Name : AIG Asia Pacific Insurance Pte Ltd  
Accident Date and Time : 17/01/2022 12:50 AM  
Vehicle Age(In Months) : 87

## Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

## Estimation Details

### Spare Part's Cost Detail

SMRT Recommendation										Surveyor Approval				Remarks
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
Standard	Main			DOOR RR/RH	1	954.50	954.50	25.00	715.88	Replace	1	0	Repair	R
Standard	Main			DOOR LOCK RR/RH	1	709.30	709.30	25.00	531.97	Replace	0	0	Not Give	Xan
Standard	Main			DOOR REGULATOR MOTOR FRONT RH	1	947.80	947.80	10.00	853.02	Replace	0	0	Not Give	Xan
Standard	Main			CHECK ASSY, RR DOOR,	1	150.30	150.30	25.00	112.73	Replace	0	0	Not Give	Xan
Standard	Main			DOOR OUTER HANDLE RR/RH	1	69.80	69.80	25.00	52.35	Replace	0	0	Not Give	Xan
Total Spare Part Cost									2,265.95	Surveyor Total				0.00
Lump Sum Discount (%)									30.00	Lump Sum Dis (%)				20
Final Spare Part Cost									1,549.52	Final Sur Total				0.00

### Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR RHS PORTION	507.00	200	
Total:			507.00	200.00	

### Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR DOOR RH	378.00	200	
Total:			936.00	200.00	

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
2	Main	TO RESPRAY REAR FENDER RH	378.00	0 X <sub>an</sub>	
3	Main	TO RESPRAY DOOR HANDLE	180.00	0 X <sub>m</sub>	
Total:			936.00	200.00	

**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO TRANSFER DOOR MECHANISM	120.00	0 X <sub>17</sub>	
2	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0 X <sub>an</sub>	
3	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	60.00	0 X <sub>17</sub>	
4	Main	TO WASH AND VACUUM	60.00	0 X <sub>m</sub>	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0 X <sub>m</sub>	
Total:			420.00	0.00	

**Summary**

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,549.52	0.00
Total Labour Cost	507.00	200.00
Total Spray Painting	936.00	200.00
Other	420.00	0.00
Overall Total	3,412.52	400.00
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	3,400.00	400.00
Surveyor Approved Amount		400.00
No of Repair Days*	4	2
Remarks	-	SURVEYOR REQ NBV / LUMP SUM REPAIR / RESURVEY AFTER PAINT PHOTO
Surveyor Name		Rasul



22, 15:03

Estimator Assessment(\$)

Surveyor Assessment(\$)

Signature



Save

Clear

Survey Date

18/01/2022

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and  
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission	18/01/2022 09:30 (SGT)
Date of Accident	17/01/2022 08:50 (SGT)
Exact Location of Accident	Near 30 Woodlands Ave 2, Woodlands, Singapore 738343
Additional Location Information	WOODLANDS MRT TAXI STAND
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB388B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	STRIDES TAXI PTE LTD
Company Reg No	1XXXXX369K
Email Address	Auto-Svcs-TARC@smrt.com.sg
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

## INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

## DRIVER

Name of Driver	THNG BOON CHUAN
NRIC No	SXXXX871E





Date of Birth	26/10/1970
Location	Outdoor
Date of Driving Pass	01/12/1988
Driving experience	33 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-TARC@smrt.com.sg
Address	1
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS HEADING TOWARDS WOODLANDS MRT TAXI STAND WHEN THE VEHICLE SKK1208Z WHICH STOPPED AT THE PICK UP POINT SUDDENLY OPENED THE FRONT LEFT PASSENGER DOOR AND CAUSING IT TO HIT ONTO THE REAR RIGHT DOOR OF MY TAXI.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK1208Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Pass complement ..... -  
Code ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

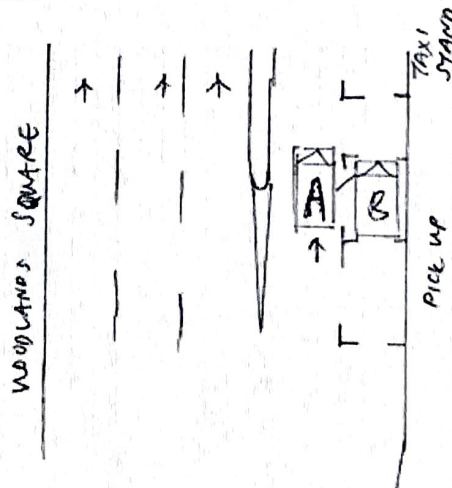


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



WOODLANDS MRT

A-SKB 388 B  
B-SKK 1288 Z



**Describe Circumstances of the Accident**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

### Declaration

~~I~~We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB388B
Vehicle to be Exported:	No
Intended Deregistration Date:	18 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1449314
Chassis No.:	JTDKN36U605752469
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	24 Oct 2014
First Registration Date:	24 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Oct 2022
PARF Rebate Amount:	\$4,852.00
COE Expiry Date:	23 Oct 2022
COE Category:	A - Car up to 1600cc & 97kW(130bhp)
COE Period(Years):	8
PQP Paid:	\$50,938.00
COE Rebate Amount:	\$4,861.00
Total Rebate Amount:	\$9,713.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 18 Jan 2022

OK